## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form social be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate the further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

24201

7590

03/31/2004

FULWIDER PATTON LEE & UTECHT, LLP HOWARD HUGHES CENTER 6060 CENTER DRIVE **TENTH FLOOR** LOS ANGELES, CA 90045

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

JOHN V. HANLEY, #38,171	(Depositor's name)
Grv. Hy	(Signature)
6/29/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/901,993	07/10/2001	Arnold M. Escano	ENDOV-51641	7940

TITLE OF INVENTION: SELF-EXPANDING INTRAVASCULAR DEVICE WITH PROTECTOR MEMBERS

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$0	\$1330	06/30/2004	
EXA	MINER	ART UN	IT	CLASS-SUBCLASS			
BLANCO	, JAVIER G	3738		623-001130			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				inting on the patent front page, f up to 3 registered patent at R, alternatively, (2) the name ing as a member a registered at the names of up to 2 register or agents. If no name is listed inted.	ttorneys or of a single attorney or 2ered patent	ER PATTON UTECHT, LLP	
3 ASSIGNEE NAME AND	D RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	T (print or type)			

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

ENDOVASCULAR TECHNOLOGIES, INC.

3200 LAKESIDE DRIVE, SANTA CLARA, CAS 95054

Please check the appropriate assignee category or cate	egories (will not be printed on the patent);	☐ individual	Acorporation or other private group entity	government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
XXIssue Fee	XXA check in the amo	unt of the fee(s)	is enclosed.	
□ Publication Fee	☐ Payment by credit of			
XXAdvance Order - # of Copies3	The Director is her Deposit Account Num	reby authorized ber 06-24	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	(Date)
gru. M	6/29/2004
NOTE: The Issue Fee and Publication Fee (if re	quired) will not be accepted from anyone

other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/09/2004 JADDO2 00000048 062425 09901993 1330.00 DP 30.00 DA

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

JUL 0 7 2004

(\$) \$1,330.00

Complete if Known					
Application Number	09/901,993				
Filing Date	7/10/2001				
First Named Inventor	Arnold M. Escano				
Examiner Name	Javier G. Blanco				
Art Unit	3738				
Attorney Docket No.	ENDOV-51641				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Other None	3. ADDITIONAL FEES Large Entity   Small Entity							
Deposit Account:	Fee	Fee	Fee	Fee	-	Description	Nn.	Fee Paid
Deposit Account 06-2425	Code 1051	(\$) 130	Code 2051		Surcharge - late	•		ree raid
Number Deposit	1052	50	2052	25	Surcharge - late	e provisiona	I filing fee or cover	
Account Name Fulwider Patton et al.	1053	130	1053	130	Non - English s	pecification		
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a requ	est for ex p	arte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920 <del>*</del>	1804	920*	Requesting pub	olication of S	IR prior to Examiner	
Charge any additional fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting pub	olication of S	IR after Examiner	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251	110	2251	55	Extension for re	ply within fir	st month	
	1252	420	2252	210	Extension for re	ply within se	econd month	
FEE CALCULATION	1253	950	2253		Extension for re			
1. BASIC FILING FEE		1,480	2254	740	Extension for re			
Large Entity   Small Entity   Fee   Fee		2,010	2255	1,005	Extension for re			
Code (\$) Code (\$) Fee Paid	1401	330	2401	•	Notice of Appea	• •		
1001 770 2001 385 Utility filing fee	1402	330	2402		Filing a brief in		n appeal	
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for ora		••	
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petition to instit	ute a public	use proceeding	
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive	e - unavoida	ble	
	1453	1,330	2453	665	Petition to revive	e - unintenti	onal	
	1501	1,330	2501	665	Utility issue fee	(or reissue)		1,330.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from	1502	480	2502	240	Design issue fe	e		
Extra Claims below Fee Paid	1503	640	2503	320	Plant issue fee			
Total Claims	1460	130	1460	130	Petitions to the	Commission	ner	
Independent 3** =0 X =0.00 Claims Muttiple Dependent =	1807	50	1807	50	Processing fee	under 37 CF	FR § 1.17(q)	
Large Entity   Small Entity	1806	180	1806	180	Submission of I Statement	nformation l	Disclosure	
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Recording each		gnment per property	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submise (37 CFR § 1.1	sion after fin	•	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	•	onal inventio	n to be examined	
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	Request for Co		mination (RCE)	
over original patent  1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for exp		nination	
and over original patent	Othe	er fee (:	specify)		a 200igii app			
SUBTOTAL (2) (\$) \$0.00								
**or number previously paid, if greater; For Reissues, see above	uced b	y Basic	Filing	Fee Paid	SUBTO	TAL (3) (\$) §	1,330.00	
SUBMITTED BY						Complete (	if applicable)	
Name (Print/Type) John V. Hanley		Registra Attorney	ation No /Agent)	О.	38,171	Telephone	310-824-5	555
Signature TZV. 18						Date	6/29/2004	

WARNING! Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.